

**USE INSTALLATION LETTERHEAD**

FROM: AAAA-CC

Date

SUBJECT: Job Offer

TO: Mrs. Jane B. Reed  
Street Address  
City, State, Zip code

Dear Mrs. Reed:

The current medical information in your compensation file indicates that you can perform certain work assignments. We are offering you the following position:

|                        |   |
|------------------------|---|
| Job Title:             | Engine Records Clerk  |
| Pay Plan/Series/Grade: | GS-303-04-01  |
| Salary:                | \$16,900 per annum  |
| Work Schedule:         | Monday through Friday, 0800 - 1630  |
| Organization/Location: | Directorate of Maintenance<br>Pearl Harbor Naval Shipyard<br>Pearl Harbor HI 96860-5352 |
| Date Job Available:    | 2 February 1994   |

The job will remain available until OWCP has made their determination regarding the job offer. This position is the best position that can be offered at this time and is specifically within the limitations given by the reporting physician.

The following describes the duties and environmental requirements of this position. While sitting in a chair, input engine record data into a remote computer terminal. The terminal is at eye level when the operator is in a sitting position, and no reaching or working above shoulder level is required. You may occasionally (twice daily) carry computer listings (weighing no more than 5 pounds) for short distances, approximately 50 feet. You may be required to walk short distances on an intermittent basis, not to exceed a total of one hour per day. You will be allowed to sit or stand at your convenience, for comfort, and you will be permitted to take frequent walks. A copy of the official position description is also attached for your information.

If you decline this position, and OWCP determines that this is a job that you can do, your benefits under the Federal Employees' Compensation Act will be terminated (except for medical benefits). If you accept this position, the necessary information for determination of loss of wage

Figure 810-58. Sample Letter to Former Employee of Job Offer.

earning capacity, if any, will be provided to the OWCP claims examiner. In considering this action, you need to be fully aware of the effect this will have on your disability retirement.

If you accept this offer of employment, we will notify the Office of Personnel Management (OPM), Office of Retirement Programs, of your reemployment status. If OPM finds you recovered, your entitlement to disability retirement may be terminated. Future retirement benefits would then be determined under applicable law at that time. Your decision as to acceptance or declination of this offer should be made in writing within 15 days of your receipt of this letter. The enclosed Acceptance/Declination Statement and our self-addressed envelope are provided for this purpose.

If you have any questions, contact Melvin A. Brown at 614-522-0001.

Sincerely,

JACK E. JONES  
Chief, Employee Relations Division

4 Encl

1. Accept/Decline Stmt
2. Position Description
3. SF 78
4. Envelope

cc: AAAA-DPCS  
OWCP

NOTE TO READER: Remember that the functional requirements of the position must be included in the narrative of the letter. These must comply with the employee's physical limitations. In addition, an SF 78 for the offered position may be provided.

Figure 810-58 Continued. Sample Letter to Former Employee of Job Offer.

ACCEPTANCE/DECLINATION STATEMENT

PART A

I voluntarily accept the position of \_\_\_\_\_,

(Grade), (Pay-annually/hourly)

I make this acceptance voluntarily without pressure or coercion. I request this action be taken effective:

\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\*\*  
\*\*\*\*\*

PART B

I decline this offer of placement to the position of \_\_\_\_\_

(Grade), (Pay-annually/hourly).

I fully understand the consequence that if I decline the job offer and OWCP determines that this is a job I can perform, that I may be terminated or denied compensation benefits (except for medical benefits) under Section 8106(C) of 5 United States Code.

Reason for Declining:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

NOTICE: FAILURE TO RESPOND TO THIS JOB OFFER WILL BE CONSIDERED A DECLINATION.

Figure 810-58. Sample Acceptance/Declination of Job Offer..

## USE INSTALLATION LETTERHEAD

FROM: AAAA-CC

Date

SUBJECT: Request for Current Application for Employment

TO: Mrs. Jane B. Reed  
Street Address  
City, State, Zip Code

Dear Mrs. Reed:

The Office of Management and Budget has directed government agencies to reduce workplace injuries each year. The Department of Defense (DoD) is not only attempting to reduce injuries but has also established a reemployment program. The program provides for restructuring jobs and light or limited duty to return injured former employees to part- or full-time employment if they have made a partial or full recovery.

In the past, many very capable employees were separated following a work-related injury or illness because they could no longer perform the full range of duties of their jobs. However with our new reemployment program, we are modifying and restructuring jobs to enable many of those former employees to return to active employment in positions that meet their physical capabilities.

We anticipate job openings in the near future and plan to consider you for employment. We request that you complete an Application for Employment, and return it by 16 December 1994. We have attached a self-addressed envelope for your use.

If you have any questions, please contact Melvin A. Brown at (614)522-5001.

Sincerely,

1 Encl  
Envelope

MARY A. SMITH  
Chief, Employee Relations Branch

cc: OWCP

Figure 810-59. Sample Letter Requesting Application for Employment.